

PATENT NUMBER

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| <div>70</div> <div>O.I.P.E.</div> <div>SCANNED <u>IK4</u> Q.A. <u>W</u></div> | <div>PATENT DATE</div> |
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Ciars

Barry Fogel

Methods of treating tardive dyskinesia and other movement disorders

PTO-2040
12/99

| ISSUING CLASSIFICATION | | | | | | | | | | | | |
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| ORIGINAL | | | | CROSS REFERENCE(S) | | | | | | | | |
| CLASS | | SUBCLASS | | CLASS | SUBCLASS (ONE SUBCLASS PER BLOCK) | | | | | | | |
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| INTERNATIONAL CLASSIFICATION | | | | | | | | | | | | |
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| <input type="checkbox"/> TERMINAL DISCLAIMER | DRAWINGS | | | CLAIMS ALLOWED | | | |
| | Sheets Drwg. | Figs. Drwg. | Print Fig. | Total Claims | Print Claim for O.G. | | |
| <input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed. | _____ (Assistant Examiner) (Date) | | | NOTICE OF ALLOWANCE MAILED _____ | | | |
| <input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____ _____ | _____ (Primary Examiner) (Date) | | | ISSUE FEE <table border="1"> <tr> <td>Amount Due</td> <td>Date Paid</td> </tr> </table> | | Amount Due | Date Paid |
| Amount Due | Date Paid | | | | | | |
| <input type="checkbox"/> The terminal _____ months of this patent have been disclaimed. | _____ (Legal Instruments Examiner) (Date) | | | ISSUE BATCH NUMBER | | | |

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